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|------------------------------------|---|---------------------|-------------------------------|---|

APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 09/085,313 05/27/1998 PAT 6,102,886
 which is a CON of 08/667,452 06/21/1996 PAT 5,848,986
 which is a CON of 08/420,304 04/11/1995 PAT 5,531,677
 which is a CON of 08/109,190 08/19/1993 PAT 5,409,453
 which is a CIP of 07/929,638 08/12/1992 ABN
 which is a CIP of 08/012,370 02/02/1993 PAT 5,370,675
 which is a CIP of 08/062,364 05/13/1993 PAT 5,435,805
 which is a CIP of 08/061,647 05/13/1993 PAT 5,421,819
 which is a CIP of 08/061,072 05/14/1993 PAT 5,385,544
 which is a CIP of 07/945,666 09/16/1992 ABN

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 06/24/2000**

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|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY CA | SHEETS DRAWING 15 | TOTAL CLAIMS 17 | INDEPENDENT CLAIMS 2 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

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TITLE

TREATMENT DEVICE WITH GUIDABLE NEEDLE

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| FILING FEE RECEIVED 545 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) |
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